

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/2768108

FILING DATE

3.26.99

APPLICANT(S)

8/24/92 23.04 CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	2					
4	2					
5	2					
6	2					
7	2					
8	2					
9	2					
10	2					
11	1	1				
12	1	2				
13	1	2				
14	1	2				
15	1	1				
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48						
49						
50						
TOTAL IND.	3	1	2	1	2	1
TOTAL DEP.	19	6	6	6	6	6
TOTAL CLAIMS	27	8	8	8	8	8

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS